

**CLAIMS ONLY**

Application Number

Filing Date

Applicant(s)

\* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1						
2						
3						
4						
5						
6						
7						
8						
9	cancel					
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12						
13						
14						
15						
16						
17						
18	cancel					
19						
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49						
50						
Total Indep	3					
Total Depend	15					
Claims	18					

May be used for additional claims or amendments

	Indep	Depend	Indep	Depend	Indep	Depend
51						
52						
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100						
Total Indep						
Total Depend						
Claims						